

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4		1				
5		1				
6		1				
7		1				
8	1					
9		1				
10		1				
11		1				
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40	1					
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46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	34					
TOTAL CLAIMS	40					

	IND		DEP		TOTAL	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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TOTAL DEP.						
TOTAL CLAIMS						